LBHS TRANSCRIPT/IMMUNIZATION REQUEST FORM

*Please allow **5-7 business days** (from time it arrives in our office) for processing.*
If a deadline is indicated, every effort will be made to honor it.

YOUR INFORMATION:

Last name at time of graduation: First name at time of graduation:

Best contact number: Email address:

Date of Birth: Year of Graduation from LBHS:

Gender: □M □F □Other Age at time of grad:

*If you attended the Adult Learning Center or Harriet Eisman School, we do not have your transcript. You must contact them directly for your transcript. Adult Learning Center: 516-544-2951 * Harriet Eisman School: 516-889-5575*

I AM REQUESTING (check all that apply):

☐ Unofficial Transcript (*for your personal use*) ☐ Immunization Record

☐ Official Transcript (*sealed and stamped transcripts are considered official and should not be opened by anyone other than the intended recipient*)

☐ I will pick up at LBHS on (approximate date): _____

☐ I would like the transcript: ☐ mailed

☐ emailed

(Please print clearly and complete this section even if we are mailing to you.)

Name/Person/Office/Company/College (required): Deadline:

Address:

City, State, Zip

Email address (if emailing):

Signature (required): _____ Today's Date: _____

REQUIRED FEE:	**MAIL TO:**
The cost for each official transcript is $5.00 per copy, unofficial copies are $3.00. Please send cash or money order payable to ***LBHS Transcript Fund.***	Long Beach High School Guidance Office ATTN: TRANSCRIPT REQUEST 322 Lagoon Drive West Lido Beach, NY 11561